STATEMENT OF **ORGANIZATION**

RECEIVED

2012 NOV 15 AM 11: 28

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FORM 1				FEC MAIL CENT		
NAME OF COMMITTEE (in	n full)	(Check if nar is changed)		ample:If typing, type or the lines.	12FE4M5	
MINNESO	TA RE	PUBLICAN	EXEC	UTIVE BOA	RD	
ADDRESS (number a	nd street)	P. O. BOX	66731	3		
(Check if an is changed)		POMPANO	BEAG	CH	FL	33066
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if Is change	address	S (Please provide only USRepub	_	ddress) ecutiveBoar	ds@gma	iil.com
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if is change			1111			
2. DATE 11 10 ' 20 12 '						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT 🗵	NEW (N)	or [AMENDED (A)		
I certify that I have t	examined th	is Statement and to th	e best of my	knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasurer	PETERS	ON TR	UMP		
Signature of Treasure	er	Leterson 1	Temp		Date 11 [™]	′ 10° ′ 20′12 `
NOTE: Submission of	•	•	•	object the person signing of OULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use				For further Information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)